

APPLICATION FOR EXEMPTION  
UNDER THE HOMESTEAD/DISABILITY AMENDMENT



County \_\_\_\_\_ Date Submitted \_\_\_\_\_

Application is hereby made for the homestead exemption provided by Section 170 of the Kentucky Constitution.

1. Name(s) of owner-applicant(s) in whose name(s) title is vested: \_\_\_\_\_  
\_\_\_\_\_

2. Name of applicant(s)	Date of birth	Age	Sex	Relationship to other occupants
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____

3. Address of residence \_\_\_\_\_  
Location \_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_

4. Type of residential unit: ☐ single family residence ☐ duplex ☐ apartment building ☐ mobile home ☐ condominium  
☐ other (describe) \_\_\_\_\_

5. Type of ownership: ☐ fee simple ☐ equitable title ☐ jointly with survivorship ☐ jointly in common ☐ by stock ownership or membership representing the owner's or member's proprietary interest in a multi-family structure

6. Amount of exemption: If ownership is fee simple, equitable title, jointly with survivorship or jointly in common, applicant receives full exemption or up to the assessed value of his interest in the property, whichever is less.

If ownership is by stock ownership or membership, the amount of exemption is full exemption or the percentage that the applicant's ownership bears to the total value of the property. (Example: Total value of the structure = \$50,000; applicant's stock ownership = 10%; exemption limit = \$5,000.)

AFFIDAVIT AND OATH

I, \_\_\_\_\_, hereby swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the property for which this assessment exemption is sought; that I (we) occupy and maintain this residential unit as my (our) personal residence; that I (we) am (are) 65 years of age or over, or totally disabled; and that all information contained in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Spouse Date

RESERVED FOR OFFICIAL USE

This application is ☐ approved ☐ disapproved.

\_\_\_\_\_  
Property Valuation Administrator Date

(See Explanation on Reverse)